

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM**

**CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2017 TO 12/31/2017**

PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
Medical Plans Available with Prescription Drug Program #203	
<b>AETNA FREEDOM15 #180</b>	
Single	\$765.10
Member & Spouse/Partner	\$1,530.21
Family	\$2,188.19
Parent & Child	\$1,423.09
<b>NJ DIRECT15 #150</b>	
Single	\$765.10
Member & Spouse/Partner	\$1,530.21
Family	\$2,188.19
Parent & Child	\$1,423.09
<b>AETNA HMO #005</b>	
Single	\$740.46
Member & Spouse/Partner	\$1,480.93
Family	\$2,117.73
Parent & Child	\$1,377.26
<b>HORIZON HMO #011</b>	
Single	\$733.05
Member & Spouse/Partner	\$1,466.10
Family	\$2,096.52
Parent & Child	\$1,363.47
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$209.78
Member & Spouse/Partner	\$419.57
Family	\$599.97
Parent & Child	\$390.19
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063</b>	
Single	\$743.67
Member & Spouse/Partner	\$1,487.35
Family	\$2,126.91
Parent & Child	\$1,383.23
<b>NJ DIRECT1525 #051</b>	
Single	\$743.67
Member & Spouse/Partner	\$1,487.35
Family	\$2,126.91
Parent & Child	\$1,383.23
<b>AETNA LIBERTY PLAN #067</b>	
Single	\$573.82
Member & Spouse/Partner	\$1,147.65
Family	\$1,641.14
Parent & Child	\$1,067.31
<b>OMNIA HEALTH PLAN #057</b>	
Single	\$573.82
Member & Spouse/Partner	\$1,147.65
Family	\$1,641.14
Parent & Child	\$1,067.31
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$190.26
Member & Spouse/Partner	\$380.55
Family	\$544.15
Parent & Child	\$353.89

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064</b>	
Single	\$699.30
Member & Spouse/Partner	\$1,398.60
Family	\$2,000.00
Parent & Child	\$1,300.70
<b>NJ DIRECT2030 #052</b>	
Single	\$699.30
Member & Spouse/Partner	\$1,398.60
Family	\$2,000.00
Parent & Child	\$1,300.70
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$193.64
Member & Spouse/Partner	\$387.26
Family	\$553.81
Parent & Child	\$360.17
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066</b>	
Single	\$601.39
Member & Spouse/Partner	\$1,202.78
Family	\$1,719.98
Parent & Child	\$1,118.59
<b>NJ DIRECT2035 #056</b>	
Single	\$601.39
Member & Spouse/Partner	\$1,202.78
Family	\$1,719.98
Parent & Child	\$1,118.59
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$174.29
Member & Spouse/Partner	\$348.56
Family	\$498.48
Parent & Child	\$324.19

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
High Deductible Health Plans with Built In Prescription Drug	
<b>AETNA VALUE HD4000 #092</b>	
Single	\$517.49
Member & Spouse/Partner	\$1,035.00
Family	\$1,480.03
Parent & Child	\$962.54
<b>NJ DIRECT HD4000 #090</b>	
Single	\$517.49
Member & Spouse/Partner	\$1,035.00
Family	\$1,480.03
Parent & Child	\$962.54

For copayments and deductibles, please refer to the *Plan Design Charts* on our Web site at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)